

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019705** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2				/			52						
3		2		/			53						
4		1		/			54						
5		1		/			55						
6		1		/			56						
7		1		/			57						
8		1		/			58						
9		1		/			59						
10		1		/			60						
11		1		/			61						
12		1		/			62						
13		1		/			63						
14		1		/			64						
15	/		/				65						
16		1		/			66						
17		1		/			67						
18		1		/			68						
19		1		/			69						
20		1		/			70						
21		1		/			71						
22		1		/			72						
23	/		/				73						
24	/		/				74						
25		1		/			75						
26		2		/			76						
27		1		/			77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	25		23				TOTAL DEP.						
TOTAL CLAIMS	29		27				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS